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1. NAME COMM	OF TTEE (in full)	TYPE OR PRINT		ample: If typing, type er the lines.	12FE4M5	Office Use Only	
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2. FEC ID	ENTIFICATION I	NUMBER ▼	. CITY A		STATE ▲	ZIP CODE	
Co	0.6.2.4.3	7.9	3. IS THIS REPORT	NEW (N)	OR AME	NDED	
(Choose	OF REPORT One) arterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report July 31 Mid-Year Report (Non-elect Year Only) (MY) Termination Report (TER)	(Q2) PRE-E Report (Q3) (YE) (d) 30-Day POST- Report	lection for the:	Jun 20 (l	M6) Sep 20	O (M9) O (M10) O (M	Nov 20 (M11) Non-Election Year Only) Dec 20 (M12) Non-Election Year Only) Idan 31 (YE) Runoff (12R)
5. Coverin	g Period 2	<u>'</u> Ø'["''[Election on	through	2 / 7 9	State of	
certify that	I have examined	this Report and to the	ne best of my kno	owledge and belief it	is true, correct and o	complete.	
Type or Prir	nt Name of Treasu	rer <u>Maha K</u>	ben		•	<u>.</u>	· · · · · · · · · · · · · · · · · · ·
Signature of	Treasurer	lace	2		Date 2	·/ ,	016
NOTE: Subm	nission of false, erro	oneous, or incomplete	information may s	ubject the person signi	ing this Report to the	penalties of 52 U	.S.C. § 30109